SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

BAYFIELD COUNTY, WISCONSIN

DE 1 1 6 2015 APPLICATION FOR PERMIT

162015

Amount Paid: Permit #:

Bayfield Co. Zoning Dept.

Refund:

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<			200				
×	_	· Paracisore		11 - 11		<u> </u>	
×	-	in the state of th	Alteration (specify)	Accessory Building Addition/Alteration (specify)	Accessor		
	_			Accessory Building (specify)	Accessory		
×	_			Addition/Alteration (specify)	Addition/		
×			ate)	Mobile Home (manufactured date)	Mobile H		
×	_	ır □ cooking & food prep facilities)	☐ sleeping quarters, <u>o</u>	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or	Bunkhou		
×		and any other state of the stat	rage	with Attached Garage		se	☐ Commercial Use
×	_			with (2 nd) Deck			
×				with a Deck			
×	(with (2 nd) Porch			
×	-			with a Porch		n	Residential Use
×	-			with Loft			
×	1		cture on property) shack, etc.)	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)	Principal Residence		
Dimensions		2	Proposed Structure				Proposed Use
Height:		Width:	Length:	or is relevant to it)	ing applied to	if permit be	Existing Structure: (If permit being applied for is relevant to it) Proposed Construction:
							and the second s
ontract)	ervice co	☐ None ☐ Portable (w/service contract) ☐ Compost Toilet ☐ None		☐ No Basement☐ Foundation☐	iness on	Run a Business on Property	A 0
U Vaulted (min 200 gallon)				□ Basement	existing bldg)	Relocate (existing bldg)	
Specify Type:	ts) Spe	2 (New) Sanitary Specify Type:	□ X Year Round	☐ 2-Story + Loft	Alteration	☐ Addition/Alteration☐ Conversion☐	\$ \$ \{\partial}
			☐ Seasonal	1-Story	struction	New Construction	**************************************
What Type of wer/Sanitary System is on the property?	What Ty Sewer/Sanita Is on the pr	# V of Sewer bedrooms Is o	Use	# of Stories and/or basement	ect	Project	Value at Time of Completion *include donated time & material
		•					□ Non-Shoreland
Floodplain Zone?	feet ine : _ feet	fec Distance Structure is from Shoreline :	† †	Creck or Landward side of Floodplain? If yescontinue Ns Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	ndward side o	Creek or Lar	. 7
Is Property in	ine:	Distance Structure is from Shoreline:		n 300 feet of River, Stre	y/Land withir	☐ Is Propert	
	Lot Size	lover	Town of:	N, Range 🔘 📗 W	2	, Township	Section 3 A
ion:	Subdivision:	Lot(s) No. Block(s) No.	CSM Vol & Page	Lot(s)	Gov't Lot	1/4	1/4,
d Document: (i.e. Property Ownership) Page(s)	Recorded Volume_		PIN: (23 digits) 04-		Legal Description: (Use Tax Statement)	Legal Descrip	PROJECT LOCATION
Written Authorization Attached □ Yes □ No	ate/Zip):	Agent Mailing Address (include City/State/Zip):	1-310		(Person Signing Application on behalf of Owner(s))	Person Signing Application or	Authorized Agent: (Pers
Plumber Phone:			Contractor Phone: Plu	Cont			Contractor:
Cell Phone:		50.40	City/State/Zip:	City/	をを	447	Address of Property: 82845 BAY L-POINT R
35.10	4	Sycamore	13403 north Grove RJ.	SECONDO VA	Server I	CRINT	Sherry + Stoven Rosenwinke
Telephone:	2300	City/State/Zip:	Mailing Address:				TO VOICE IN

Address to send permit **≆** 8 では出い signing on behalf of the owner(s) a letter of Bark 14: 70 まくなど ust accompany this application) E (+ S40 44 Attach
Copy of Tax Statement
surchased the property send your Recorded Deed

Authorized Agent:

Parker in

More

Owner(s):

(If there are Multiple Ov

Owners listed on the Deed All Owners must sign or letter(s) of auth

ROSEMWINKEL

orization must accompany this application)

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) arm (are) providing any been result of Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County in existing on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Date

7

(2)

Date

Party.

2015